Citizen Audit.org

SCANNED JUN 1 3 2014,

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs gov/form990

Open to Public

<u>A</u> I	for the	2013 calendar year, or tax year beginning	and	enaing				
В	Check if	C Name of organization			D Employer identif	ication number		
ā	applicable	The Church of Jesus Ch	rist of Latter-	Day				
	Addres		Ward Trust					
	Name change	Doing Business As			45-6	721810		
	Initial return	Number and street (or P.O box if mail is not del	vered to street address)	Room/suite	E Telephone number			
	Termin ated	5046 North Melvina			773-	-631-2861		
	Amend		ZIP or foreign postal code		G Gross receipts \$	1164662.		
	Application	Chicago, IL 60630			H(a) Is this a group i	return		
	pendin	F Name and address of principal officer Ber	nard A Fish		for subordinate	s? Yes X No		
		5046 North Melvina, Chi	cago, IL 60630		H(b) Are all subordinates	included? Yes No		
1	Tax-exe	mpt status X 501(c)(3) 501(c) (or 527	If "No," attach a	a list (see instructions)		
J	Websit	e: ► N/A			H(c) Group exemption	on number 🕨		
K	Form of	organization: Corporation X Trust As	sociation Other >	L Year	of formation: 2010	M State of legal domicile: IL		
P	art I	Summary						
σ,		Briefly describe the organization's mission or most						
Š		the trust's geographic ar	<u>ea with educati</u>	onal,	medical and	i social		
raa		Check this box 🕨 🔲 if the organization discor						
ove	3	Number of voting members of the governing body	(Part VI, line 1a)		3			
Ġ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	5		
Se	5	Total number of individuals employed in calendar y	ear 2013 (Part V, line 2a)		5	0		
ž	6	Total number of volunteers (estimate if necessary)			6	0		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	31080.		
٩	_b_	Net unrelated business taxable income from Form	990-T, Ine 34		7b	0.		
					Prior Year	Current Year		
a	8	Contributions and grants (Part VIII, line 1h)			0.			
Revenue	9	Program service revenue (Part VIII, line 2g)			0.			
ě	10	nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)		30002.	27105.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal	revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17511.	53610.		
	14	Benefits paid to or for members (Part IX, column (A	N), line 4)		0.	0.		
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		0.	. 0.		
ĝ	b	Total fundraising expenses (Part IX, colum ր (D), <u>Im</u>	255	0.				
ω	17	Other expenses (Part IX, column (A), lines 11a 100			7740.	7047.		
		Total expenses Add lines 13 17 (must equal Part I	V (A) OF		25251	60657.		
	19	Revenue less expenses Subtract line 18 from ine	12AY 1 9 2014		4751.	-33552.		
000	3	A	W	Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)	OGDEN, UT		1197517.	1137751.		
AB	21	Total liabilities (Part X, line 26)	0002131		0 .			
Net Assets or	22	Net assets or fund balances Subtract line 21 from	fine 20		1197517	1137751.		
P	art II	Signature Block						
		lties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge			
		Construct of officer			Date			
Sig	jn	Signature of officer		3	Date	5/12/14		
He	re	Bernard A Fish, Chairm	an /			5 / 10/17		
		Type or print name and title	<u></u>	г	Date Check	PTIN		
		Print/Type preparer's name	Preparer's signature		ď	<u> </u>		
Pai			sett-empte	oyed				
	parer	Firm's name			Firm's EIN			
USE	Only	Firm's address			Phone no.			
_		OS discuss this return with the preparer shown abo			T HOHE HO.	Yes No		

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

The Church of Jesus Christ of Latter-Day

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		ĺ	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	'	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<i>'</i>		
8	·			Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444	E	х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		Х
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	ļ	x
_	·	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	•	X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<u> </u>	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		Α_
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		Α_
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		
18		10	1	X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
~ ~	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	
	ii 165 to line 20a, did the organization attach a copy of its addited infancial statements to this fetum.		990	2013)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			ł
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K If "No", go to line 25a	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		}	
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	t.		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	Ì		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		l
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ĺ		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		1,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			J
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ _V
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	+-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1 00		\ v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27	1	\ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			2013
				,,

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Form 990 (2013) Saints, Chicago First Ward Trust
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			İ
	to file Form 8282?	7с		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	}		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O			1
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans 13b	1		
	Enter the amount of reserves on hand Did the executation receive any payments for indeer tanging services during the tay year?	14a	 	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	1
_ <u>D</u>	II Tes, has it lied a Form 720 to report these payments: II No, provide an explanation in schedule o		990	(2013)

Form 990 (2013)

Saints, Chicago First Ward Trust

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	16		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other	7		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3_	1	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or			
	more members of the governing body?			7a		_X_
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following ⁻			
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9]	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	ļ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befor	e filing the form?	11a	X	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				ļ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u> </u>	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	12b	ļ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1	∕es," de	scribe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14	ļ <u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	l	X
b	Other officers or key employees of the organization			15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rth a			
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	ınızatıor	ı's		ļ	
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	_,,	<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ►IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s ont	y) avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict o	of interest policy,	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and reco	ords of the organ	zation]	>	
	Bernard A Fish - 773-631-2861					
	5046 North Melvina, Chicago, IL 60630					
33200	6 10-29-13			Forr	ո 990	(2013)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization						nsat				
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	do not check more than one				one	Reportable	Reportable	Estimated
	hours per		box, unless person is bot officer and a director/trus					compensation	compensation	amount of
	week		т—		1 60.0		1	- from	from related	other
	(list any	lect						the	organizations	compensation from the
	hours for	5	8			sated		organization	(W-2/1099-MISC)	
	related	uste	trust		8	ben		(W-2/1099-MISC)		organization and related
	organizations below	曹	DUG		glog	25 5	١			organizations
	line)	individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	or me			Organizations
(1) Bernard A Fish	1.00		_				T	 		
Chairman		X						0.	0.	0
(2) Joseph P Bennett	0.50									
Committee Member		X						0.	0.	0.
(3) Michael P Schulz	0.50	ļ _								
Committee Member		X				_	<u> </u>	0.	0.	0.
(4) Kristin Kutter	0.50	1								
Committee Member		X	-		<u> </u>			0.	0.	0
(5) Deborah A Ostvig	0.50									
Committee Member		X		 		⊨	ļ	0.	_0.	0
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ne	CHUL	CII	OI	υe	sus	C11	ILISU	OT	Latt
Sain	ts,	Chi	cag	0	Firs	t	Ward	Tru	st

	(A) Name and title	(B) Average hours per week (list any	offi	(do not chec box, unless p officer and a			than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		ar	(F) stimate nount other pensa	of
		hours for related organizations below line)	related organizations below			Key employee	Highest compensated employee	Former	organization (W·2/1099-MISC)	(W-2/1099-MIS	C)	fr org an	om thanizat d relat	ne tion ted
					Officer									
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	0.1.1.1.1		<u> </u>	<u> </u>	l	<u> </u>	<u></u>		0.		0.			0
	Sub-total Total from continuation sheets to Part	VII, Section A						>	0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to ti	nose	liste	ed al	DOVE	e) wi	no re	eceived more than \$100	,000 of reportable				0
													Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J foi			e, Ke	ey er	npic	yee	, or	nighest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the	sum of reportab	le co						· ·	the organization				
5	and related organizations greater than \$1 Did any person listed on line 1a receive o									dual for services	•	4		X
	rendered to the organization? If "Yes," co	•										5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest of	compensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100.000 of comp	ens:	ation 1	from	,
	the organization. Report compensation for													
	(A) Name and busines	ss address	NO	INC	3				(B) Description of s	ervices	С)) ompe		on
													•	
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											-			
	Total number of independent control	Good server	not !		4 *-	+h -	no t	015	Labova) who recover 1	oro then				
2	Total number of independent contractors \$100,000 of compensation from the orga			e	u 10		se II: 0		above) who received if	iore man				
33200 10-29	3											Form	990	2013)

Form 990 (2013) Saints,
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a response o	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
ìrar our	t	b Membership dues	1b					
s, G		c Fundraising events	1c					
ar /		d Related organizations	1d					
s, C mil		e Government grants (contribut	ions) 1e					
ion S		f All other contributions, gifts, gran						
but		similar amounts not included abor	1 1					
ĮĘ.		Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	_	h Total. Add lines 1a-1f		>				
		-		Business Code				
ce	2 2	a						
e vi	t	b						
Senu	c	С						
ran lev	c	d						
Program Service Revenue	€	e						
P	f	f All other program service reve	nue					
	9	g Total. Add lines 2a-2f		•			· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	31080.		31080.	
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties		•				
			(i) Real	(ıi) Personal				
	6 a							
	t	b Less rental expenses						
	C	c Rental income or (loss)						
		d Net rental income or (loss)		>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1133582.					
	t	b Less cost or other basis						
		and sales expenses	1137557.					
		c Gain or (loss)	-3975.					
		d Net gain or (loss)	ſ	•	-3975.	<u>-3975.</u>		
ne	8 a	a Gross income from fundraising	· '					
/en		including \$	of					
Re		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	a			;		
Öŧŧ		b Less direct expenses	. b [
		c Net income or (loss) from fund	· ·	P				
	9 a	a Gross income from gaming ac	į.					
		Part IV, line 19	a					
		b Less direct expenses	jd 					
		c Net income or (loss) from gam	r					
	10 a	 Gross sales of inventory, less and allowances 	1					
			a					
		b Less cost of goods sold	b of unwanters					
		c Net income or (loss) from sale Miscellaneous Revenu		Business Code				 -
	11 a			Juanicas Coue				
i								
		р С						
		d All other revenue						
		e Total, Add lines 11a-11d	ı	•				
	12	_ Total revenue See instructions.			27105.	-3975.	31080.	0.
33200 10-29					= - •)			Form 990 (2013)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	47590.	47590.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	6020.	6020.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			·	
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	7030.	7030.		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	4.5		1.77	
	column (A) amount, list line 11g expenses on Sch O.)	17.		17.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		-		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization		_		
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	60657.	60640.	17.	0.
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u></u>		5 000 (2242)

Form 990 (2013)
Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		13362.	1	10415.
	2	Savings and temporary cash investments	_		2	
	3	Pledges and grants receivable, net	_		3_	
	4	Accounts receivable, net	_		4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqual	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		-	9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	1184155.	11	1127336.	
	12	Investments - other securities See Part IV, line		12_		
	13	Investments - program-related See Part IV, line	11	 -	13	
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11	1100510	15	1120051	
	16	Total assets. Add lines 1 through 15 (must equ	1197517.	16	1137751.	
	17	Accounts payable and accrued expenses	-		17	·
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	D-4 N/ -4 O-114 - D		20	
	21	Escrow or custodial account liability Complete			21	
Liabilities	22	Loans and other payables to current and forme				
į		key employees, highest compensated employee Complete Part II of Schedule L	es, and disquaimed persons		20	
Ľ		Secured mortgages and notes payable to unrel	ntad third parties		22	
	23	Unsecured notes and loans payable to unrelate			23	
	25	Other liabilities (including federal income tax, pa			24	
	23	parties, and other liabilities not included on lines	•			
		Schedule D	on Englisher are acceptance		25	
	26	Total liabilities. Add lines 17 through 25	Ī	0.	26	0.
		Organizations that follow SFAS 117 (ASC 950	3), check here	<u> </u>		
တ္		complete lines 27 through 29, and lines 33 ar	ı			
ည	27	Unrestricted net assets			27	
aga	28	Temporarily restricted net assets			28	
Ö	29	Permanently restricted net assets	Ī	**	29	
Š		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶X	······································		
Ĕ		and complete lines 30 through 34.				
ts (30	Capital stock or trust principal, or current funds		1197517.	30	1137751.
SSe	31	Paid-in or capital surplus, or land, building, or ed	The state of the s	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		0.	32	0.
Ž	33	Total net assets or fund balances		1197517.		1137751.
	34	Total liabilities and net assets/fund balances		1197517.	34	1137751.
	-					Form 990 (2013)

•	The Church of Jesus Christ of Latter-Day	45 650	1010		40
	990 (2013) Saints, Chicago First Ward Trust	45-672	1810	Pag	_{1e} 12
Га	The Substitute Operature of September 2 Se				\Box
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		271	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.
3	Revenue less expenses Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			17.
5	Net unrealized gains (losses) on investments	5			14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	11	377	<u>51.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			ĺ
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2013)

332012 10-29-13

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Church of Jesus Christ of Latter-Day

Inspection Employer identification number

		Saints,	Chicago Fir	st Wa	rd Tr	ust			4	<u>5-6721</u>	<u>810</u>		
Part I	Reason	for Public Char	r ity Status (All organiza	ations mus	st complet	e this part) See inst	ructions					
he organ	nization is not a	private foundation	because it is (For lines 1	through 1	11, check o	only one b	ox)						
1 🔲	A church, cor	nvention of churche	es, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(ı)	-					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
з 🔲	A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii).												
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								e,				
	city, and state												
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	section 170(b)(1)(A)(ıv). (Complete Part II)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 🔲	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							n					
	section 170(b)(1)(A)(vi). (Comple	ete Part II)										
8 <u>X</u>	A community	trust described in s	section 170(b)(1)(A)(vi). (Complete	Part II)								
9 🔲	An organizati	on that normally red	ceives (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembership	o fees, a	nd gross red	eipts	from	
	activities rela	ted to its exempt fu	inctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvest	ment	
	income and ι	unrelated business t	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 3	0, 197	'5	
	See section	509(a)(2). (Complet	e Part III)										
10 🛄	•	_	perated exclusively to tes										
11 📖	_		perated exclusively for th									or	
			ations described in section				e) See sec	tion 509(a	a)(3). Ch). Check the box that			
	describes the	e type of supporting	g organization and comple	ete lines 1°	ie through	11h							
	a Ll Type I		• •	/pe III - Fui	-	_		,,		n-functionall	, .	•	
е 📖			at the organization is not									n	
			than one or more publicly						8(a)(1) or	section 509	(a)(2)		
f	If the organiz	ation received a wr	itten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	:					
		rganization, check t											
g			organization accepted an										
	(i) A perso	n who directly or inc	directly controls, either ale	one or tog	ether with	persons c	lescribed i	n (ii) and (i	ıı) below	1	Yes	No	
	-	• .	supported organization?							11g(ı)			
		<u>-</u>	on described in (i) above?		_					11g(ii)			
			a person described in (i) o							11g(iii)	l	l	
h	Provide the f	ollowing information	n about the supported org	ganization((s)								
		Ţ		L				(m) la	the				
(i) Nam	e of supported (ii) EIN		(iii) i jpo o o o gameation	(iv) Is the organization (v) Did you notify the in col (i) listed in your organization in col.		Torganization in col		(vii) Amount of monetary		netary			
organization		(40007.200.0		governing document? (i) of your support?		l (ı) organizi	(i) organized in the U.S.?		support				
			(see instructions))				,						
			 	Yes	No	Yes	No	Yes	No				
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332021 09-25-13

The Church of Jesus Christ of Latter-Day

Schedule A (Form 990 or 990-EZ) 2013 Saints, Chicago First Ward Trust 45-6721810 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						<u> </u>
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			33357.	30002.	27105.	90464.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		1				
	or loss from the sale of capital						
	assets (Explain in Part IV)		1				00464
	Total support. Add lines 7 through 10	L	1				90464.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is fo		s first, second, thii	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	⊾ তি
50/	organization, check this box and stop ction C. Computation of Publ	<u>o nere</u> lic Support Pe	rcentage		 		▶ X
	Public support percentage for 2013 (column (fl)		14	%
	Public support percentage for 2013 (coldinin (i))		15	
	33 1/3% support test - 2013. If the			n line 13, and line 1	14 is 33 1/3% or m		
100	stop here. The organization qualifies				14 13 00 17070 01 11	iore, ericeit tris ber	\ unu
ь	33 1/3% support test - 2012. If the		-		line 15 is 33 1/3%	or more, check the	s box
~	and stop here. The organization qual					,, 	▶□
17a	•		_		13, 16a, or 16b, a	and line 14 is 10% o	or more,
	a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances"					. . .	▶□
b	10% -facts-and-circumstances tes	-	· ·		=	17a, and line 15 is 1	0% or
-							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organization						
				···		dule A (Form 990	

332022 09-25-13

Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails t
qualify under the tests listed below, please complete Part II.)

gualify under the tests listed to Section A. Public Support	elow, please com	plete Part II)		· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(0) 2010	(6) 2011	(u) 2012	(e) 2013	(i) Total
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		:				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)			1		1	
14 First five years. If the Form 990 is for	r the organization'	's first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
Section C. Computation of Pub	ic Support Pe	ercentage				
15 Public support percentage for 2013	(line 8, column (f) c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	•					
17 Investment income percentage for 2			ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If the						17 is not
more than 33 1/3%, check this box a	•	-				. ▶□
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, ch			· · · · · · · · · · · · · · · · · · ·		_	
20 Private foundation. If the organization	on ala not check a	DOX on line 14, 19	a, or 190, check t			>
332023 09-25-13				Sc	hedule A (Form 99	10 or 990-EZ) 2013

art IV									
	Also complete this part for any additional information (See instructions)								
-									
	,								

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013	Open to Public
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Inspection

OMB No 1545-0047

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2013) **Employer identification number** ŝ 45-6721810 (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o ö o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States of Latter-Day recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 20090. 8500. 10000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Trust (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. of Jesus Christ Chicago First Ward 501 (c) (3) 501 (c) (3) 501 (c) (3) Enter total number of other organizations listed in the line 1 table 23-7300405 23-7300405 36-4165874 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? The Church Foundation - 1464 East 55th Street - Salt Lake City, UT 84150 1 (a) Name and address of organization Jesus Christ of Latter-Day Saints Chicago 1st Ward of the Church of Lake Shore 2nd Ward of the Chruch Saints, - 50 East North Temple Street -Saints - 50 East North Temple of Jesus Christ of Latter-Day Inner City Youth Charitable Salt Lake City, UT 84150 or government - Chicago, IL 60615 Name of the organization Part II Partl Street

Schedule I (Form 990) (2013) (f) Description of non-cash assistance 45-6721810 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Explanation: candidates petition the distribution committee and then the Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance The Church of Jesus Christ of Latter-Day 6020. 18 Saints, Chicago First Ward Trust (c) Amount of cash grant (b) Number of recipients committee determins need or availability. (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2013) Tuition Assistance 332102 10-29-13 Part III

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

The Church of Jesus Christ of Latter-Day

Inspection

Saints, Chicago First Ward Trust	45-6721810
Form 990, Part I, Line 1, Description of Organization Miss	sion:
activities	
Form 990, Part VI, Section A, line 8b:	
Explanation: only one committee exists thus all members of	f the distibution
committee have same rights.	
Form 990, Part VI, Section B, line 11:	
Explanation: via electronic copy	
Form 990, Part VI, Section C, Line 19:	
Explanation: Distibuted a copy of the trust document to the	ne supporting
orgaizations	